

**TIDEWATER REGIONAL
LOCAL HUMAN RIGHTS COMMITTEE “Call Meeting”
March 12, 2014
MINUTES**

Members Present

Delinda P. Swanston, LHRC Committee Member

Janet Martin, LHRC Chairperson

Rosalyn Wiggins, LHRC Committee Member

Others Present

Hillary Zaneveld, Human Rights Advocate - DBHDS

Dustin Davis, CEO - Virginia Beach Psychiatric Center

Fran Neaves, Risk Manager - Virginia Beach Psychiatric Center

Jacqueline Abbott, Risk Manager - Harbor Point Behavioral Health Center

Jennifer Kelly, R.N., Chief Nursing Officer - Virginia Beach Psychiatric Center

Marie Henrich, Office Manager - Harbor Point Behavioral Health Center

Reginald Daye, Regional Advocate - DBHDS

Demetrius Skipwith, Performance Improvement Manager - Harbor Point Behavioral Health Center

Juliet Sawi

I. CALL TO ORDER

The Local Human Rights Call Meeting was called to order at 8:55 a.m. by Ms. Martin.

II. HARBOR POINT BHC - CHILD UNIT “COLOR SYSTEM” Child Unit Behavior Modification Model

Ms. Abbott presented the Child Unit Color System to the committee members. “The Color System is a behavior management model that is being proposed to pilot at Harbor Point Behavioral Health Center. The system was piloted on the Child Unit. This unit of children ages 6-12 years of age consists of general psychiatric, males and females with emotional, social, behavioral and developmental difficulties (please see attached detailed description).

Ms. Martin asked Ms. Abbott if a resident is on “red” how do they get back to “green”? Ms. Abbott explained that the residents are put on “restart” which takes away all levels at which time the therapists are brought in as a third party for final decision.

Motion: Ms. Wiggins made a motion to approve the “Child Unit Color System”.

Second: Ms. Swanston seconded the motion.

III. VIRGINIA BEACH PSYCHIATRIC CENTER - Requesting Affiliation for Mental Health Track of Partial Hospital Program

Ms. Neaves presented the service medication to the committee members. Mental Health Adult Partial Hospitalization Program will be utilized as a link between inpatient care and outpatient treatment offering active treatment that incorporates an individualized treatment plan, multidisciplinary approach under direction of a physician. Patients must be cognitively able to participate in six (6) hours of programming reflective of a high degree of structure and scheduling. Patients who have a clinical primary diagnosis within the DSM-5, such as Major Depressive Disorder, Bipolar Disorder who are free from psychosis and dementia, do not require 24 hour per day supervision as provided in an inpatient setting, and have an adequate support system to maintain themselves outside the Partial Hospitalization level of functioning that would allow them to participate in daily activities at home with their families and/or at work. The Mental Health Adult Track of the Partial Hospitalization Program was created in response to the communities need for these activities.

Ms. Martin noted that the operating hours were 9:00 a.m. to 3:00 p.m. and asked how individuals who work day jobs are able to participate? Mr. Davis explained that revised programming will be forthcoming.

Several minor revisions were made to the handbook.

Motion: Ms. Swanston made a motion to accept affiliation for the Mental Health Track of Partial Hospital Program at Virginia Beach Psychiatric Center.
Second: Ms. Wiggins seconded the motion.

Motion: Ms. Wiggins made a motion to accept the handbook with the recommended changes.
Second: Ms. Swanston seconded the motion.

Ms. Neaves will mail out the amended document to all committee members once finalized. Ms. Martin requested that Ms. Neaves add revision dates to all of her documents in order to lessen confusion when reviewing the documents.

Ms. Neaves presented the Behavior Management Policies (PHP Physical Restraint, PHP Time Out and Crisis Intervention) - The Seclusion and Restraint Policy was not approved. Mr. Daye stated that normally in outpatient treatment mechanical restraint is not permitted. Due to not having a seclusion room this policy cannot be approved at this time. Ms. Neaves was asked to remove "mechanical restraint" and resubmit the policy to this committee.

1. #23 Remove all reference to mechanical restraint; spell out "CPI" (Crisis Prevention Institute).
2. Ms. Martin asked what the acronym ARC stood for - It stands for "Assessment and Referral Center"; Ms. Martin requested that it be spelled out at least once throughout the document.

Motion: Ms. Wiggins made a motion to accept the policy with the amendments. All reference to seclusion and mechanical restraints are to be removed.

Second: Ms. Swanston seconded the motion.

1. #22 Remove all reference of seclusion and restraint.
2. Ms. Martin asked what was the responsibility of the treatment team? Ms. Kelly stated if a patient was taking frequent time outs the team would want it reflected in the treatment plan.

Motion: Ms. Wiggins made a motion to accept the policy with the amendments. All reference of seclusion and restraint are to be removed.

1. #33 Drug Screen - Mr. Daye questioned the procedures taken if a patient comes back with a positive drug screen. Where is the treatment component if a patient is turned away due to a positive drug screen? Ms. Kelly stated that the treatment team would come in to assess and determine whether or not the individual would receive services. This would be evaluated on a case by case basis. Ms. Kelly stated substance abuse services would be available for the partial program.

Motion: Ms. Wiggins made a motion to accept the policy as written.

Second: Ms. Swanston seconded the motion.

1. #35 Searches for Day Treatment Program - Under section C change "body search" to "patient search"; no cavity search. Added section F - Refusal - The physician will determine if a patient is able to participate actively. Mr. Daye recommended to Administrators that they have the authority to decide whether or not a patient is admitted to ensure the safety of staff (i.e., possible weapons and contraband on patient) if the patient refuses to comply with a search.

Motion: Ms. Wiggins made a motion to accept the policy with the amendments.

Second: Ms. Swanston seconded the motion.

1. #4 Nutrition Screen Assessment - Ms. Martin asked why hypertension was not included in the assessment? Ms. Kelly stated she would consult with the dietician.
2. #6 and #7 - Ms. Martin questioned how literacy and comprehension is assessed? Ms. Kelly stated that upon admission patients are reading admission documents and verbalizing their understanding.
3. #9 - After a patient's picture is taken it will be deleted from the digital camera. The Director of Health Information Management has a procedure for this.
4. #11 Under D - Ms. Martin asked how the treatment team assesses whether or not a treatment plan is effective or ineffective. Ms. Martin stated that as it is written now it is too vague and should be revised to include updated information 5-10 days prior to discharge.

5. #26 Ethics - Ms. Neaves stated that all infractions are reported to the CEO and Mr. Daye's office simultaneously.
6. #29 Transports (staff transportation of patients) - The staff to patient ratio for the Partial Hospital Program is 1:1 and inpatient is 2:1.

CLOSED SESSION: Ms. Wiggins made a motion that the committee go into Executive Session, pursuant to Virginia code 2-2-3711A (4) for the protection of the privacy of individuals in personal matters not related to public business, namely to conduct an interview of a candidate, Juliet Sawi, for potential membership to the Tidewater Local Human Rights Committee.

Action: Second was made by Ms. Swanston. All members voted in favor of the motion.

Reconvene in Open Session: Upon reconvening in Open Session, Ms. Wiggins and Ms. Swanston of the Tidewater Regional LHRC certified to the best of their knowledge that only public matters exempt from statutory open meeting requirements and only public business matters identified in the motion to convene the Executive Session, as referenced above, were discussed in accordance to Virginia Code 2-2-3711A (4).

Motion: Ms. Wiggins made a motion to recommend to the SHRC the approval of Juliet's Sawi's membership to the Tidewater LHRC. Ms. Swanston seconded the motion. All members voted in favor of the motion.

IV. ADJOURNMENT

There being no further business, Ms. Wiggins made the motion to adjourn. Ms. Swanston seconded the motion. The meeting was adjourned at 11:15 a.m.

RESPECTFULLY SUBMITTED:

Marie Henrich, Office Manager-Harbor Point BHC
Recording Secretary

Janet Martin, LHRC Chairperson